

**STATE OF ALABAMA DEPARTMENT OF FINANCE
DIVISION OF RISK MANAGEMENT
EDUCATORS LIABILITY
INCIDENT/CLAIM REPORT**

SCHOOL DISTRICT _____ SCHOOL _____

Name of Covered Employee: _____ Social Security No. (last 4): _____ XXX - XX - _____

Home Address: _____

Home Phone No.: _____ Employee's Date of Birth: _____

Cell Phone No.: _____ Employer Phone No.: _____

Email Address: _____

Job Title/Job Classification: _____ County of Employment: _____

Date of Occurrence: _____ Time of Occurrence: _____ AM _____ PM _____

Supervisor Notified (Name) _____ Date Supervisor Notified: _____

A. Name of Person(s) receiving injury or property damage: _____

Address: _____

Phone: _____

B. Describe fully the specific activity you were performing at the time the event occurred and what happened to cause the injury or property damage to other party: **More space is provided on back of document.**

C. Were there any witnesses? If so, give names, addresses and phone numbers. **More space is provided on back of document.**

Name: _____ Address: _____ Phone #: _____

D. List all other liability policies in force which may cover this incident and report this incident immediately to each carrier.

E. Has a lawsuit been filed? If Yes, attach a copy of the complaint and any other corresponding documentation.

_____ Yes _____ No

I understand the reporting of false information may disqualify me from receiving benefits and or compensation. I certify the above information is correct to the best of my knowledge.

Signature of Covered Employee: _____ Date: _____

